2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000119753

Entity Name: PETZOFF INTERNATIONAL, INC.

FILED Mar 19, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5224 SOUTH ORANGE AVE 9831 NONACREST DRIVE ORLANDO, FL 32809 ORLANDO, FL 32832 US

Current Mailing Address: New Mailing Address:

5224 SOUTH ORANGE AVE 9831 NONACREST DRIVE ORLANDO, FL 32809 ORLANDO, FL 32832 US

FEI Number: 22-3971160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: DOWNS, JEREMIAH Name: DOWNS, JEREMIAH Address: 5224 SOUTH ORANGE AVE Address: 9831 NONACREST DRIVE

 Address:
 5224 SOUTH ORANGE AVE
 Address:
 9831 NONACREST DRIVE

 City-St-Zip:
 ORLANDO, FL 32809
 City-St-Zip:
 ORLANDO, FL 32832

Title: DV () Delete Title: DV (X) Change () Addition
Name: BERGER, CHRISTOPHER
Address: 5234 SOLITH ORANGE AVE

 Address:
 5224 SOUTH ORANGE AVE
 Address:
 9831 NONACREST DRIVE

 City-St-Zip:
 ORLANDO, FL 32809
 City-St-Zip:
 ORLANDO, FL 32832

Title: DV () Delete Title: DV (X) Change () Addition

 Name:
 OLARTE, STIVEN
 Name:
 OLARTE, STIVEN

 Address:
 5224 SOUTH ORANGE AVE
 Address:
 9831 NONACREST DRIVE

 City-St-Zip:
 ORLANDO, FL 32809
 City-St-Zip:
 ORLANDO, FL 32832

Title: DS () Delete Title: DS (X) Change () Addition

Name:LWIN, MICHAELName:LWIN, MICHAELAddress:5224 SOUTH ORANGE AVEAddress:9831 NONACREST DRIVECity-St-Zip:ORLANDO, FL 32809City-St-Zip:ORLANDO, FL 32832

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LWIN DS 03/19/2008